



**CIVIL REGISTRY DEPARTMENT AND VITAL STATISTICS UNIT**

I, \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Do solemnly and sincerely declare that:

I, \_\_\_\_\_ **[Full Name]**, hereby confirm and consent that I am the biological father of \_\_\_\_\_ **[Child's Name]**, who was born to \_\_\_\_\_ **[Mother's Name]** on \_\_\_\_\_ **[Date of Birth Child]** at \_\_\_\_\_ **[Place of Birth (Hospital or other)]**.

I understand and acknowledge my legal responsibilities as the father of \_\_\_\_\_ **[Child's Name]**.

I affirm that the information provided in this consent form is accurate to the best of my knowledge.

And I make this solemn declaration, conscientiously believing the same to be true; and by virtue of the provisions of The Oaths Acts, Chapter 130 of the Laws of Belize, Revised Edition, 2020.

\_\_\_\_\_  
Declarant's Signature

Declared and subscribed in Belize,

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

before me,

\_\_\_\_\_  
JUSTICE OF THE PEACE  
SIGNATURE AND STAMP